

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/507161

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5		2					55						
6		2					56						
7		12					57						
8		10					58						
9		0					59						
10		0					60						
11		0					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26	1						76						
27		1					77						
28		0					78						
29		0					79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39	1						89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48	1						98						
49		1					99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20						TOTAL CLAIMS						